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**319-U (Non-Agricultural)**

LANDOWNER/USER APPLICATION and COMPLETION CERTIFICATION  
 CLEAN WATER ACT SECTION 319 COST-SHARE PROGRAM  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (IDEM)

State Form 50063 (R / 8-02)

IDEM Contract ARN Number \_\_\_\_\_

**Instructions on Page 3**

A. I, \_\_\_\_\_, landowner / user, in \_\_\_\_\_ County, Indiana,  
 hereby make application to \_\_\_\_\_ for cost-share assistance in constructing and installing the best  
Sponsoring Organization  
 management practice(s) listed in Section B, located as Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
 Civil Twp. \_\_\_\_\_ USGS Quadname \_\_\_\_\_ 14 Digit HUA # \_\_\_\_\_ .

The said cost-share is to be computed at the locally established level, with the 319 cost-share amount estimated to be \$ \_\_\_\_\_. I / we agree that all best management practice(s) approved will be installed, operated, and maintained in accordance with applicable approved specifications (such as IDNR Drainage Handbook or NRCS Field Office Technical Guide). **Practices shall be maintained according to the approved specifications, and for at least the following time frames: vegetative practices 5 years, constructed practices 10 years.** I / we understand that it is my/ our responsibility to pay in full all bills for work completed under this agreement prior to submission of claims for payment to the sponsoring organization.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Landowner Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN/ Tax ID \_\_\_\_\_

SSN/ Tax ID \_\_\_\_\_

B. Best management practice(s) needed to improve or maintain water quality: (add attachments if necessary)

Practice Title	Quantity or Unit	Estimated Cost	Cost Share Level % or \$	Estimated Cost- Share	Approx. Install Date

Application of practice(s) in section B will reduce off-site sedimentation, or reduce nutrient, pesticide, or pathogen loads to receiving waters, and will improve or maintain water quality.

Date \_\_\_\_\_

Technical Representative (NRCS, IDNR, SWCD, Health Department, or Other) \_\_\_\_\_

**C.** Approval of the practices in Section B is (recommended \_\_\_\_\_) (not recommended \_\_\_\_\_) to the IDEM by the \_\_\_\_\_ for Section 319 cost-share assistance in the amount of \$\_\_\_\_\_.  
Sponsoring Organization

\_\_\_\_\_  
Authorized Signature for Sponsoring Organization

\_\_\_\_\_  
Date

**D.** The following eligible best management practice(s) were installed consistent with \_\_\_\_\_  
(Name of specifications)  
developed and maintained by the \_\_\_\_\_.  
(Name of Agency, i.e. IDNR or ISDH)

Practice(s)	Units	Total Cost	Cost-Share Level (%)	Cost-Share Amount
<b>TOTAL</b>				

Attached to this document is a plan map of all site locations with specific location of practices installed. Additionally, load reductions have been calculated using IDEM's "BMP Load Reduction Estimating Workbook", when applicable to the practices.

Total area treated by the above practices: \_\_\_\_\_ Area served by these practices: \_\_\_\_\_ (acres, feet<sup>2</sup>, lin.ft. etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technical Representative (NRCS, IDNR, SWCD, Health Department, or Other)

**E.** Attached to the copy of this document in the sponsoring organization office is an itemized accounting of expenses incurred during the construction and installation of the best management practice(s) certified in Section D.

Total 319 Cost-Share Approved for Payment.....\$\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature for Sponsoring Organization

# **INSTRUCTIONS FOR COMPLETING FORM 319-U**

## **Landowner/User Application and Completion Certification**

### **Section A**

The landowner/user shall complete Section A prior to installing practices. If the applicant does not own the land where practices will be installed, the landowner's signature is required. A Tax ID or SSN is required for tax reporting purposes. Sponsors must provide a 1099 form for all disbursements over \$600.

### **Section B**

This section shall be completed by the sponsoring organization in cooperation with the applicant. Practices must be certified by a Technical Representative who is qualified to attest that the specifications being used are applicable and will be met. The Technical Representative should sign and include their title.

### **Section C**

This section shall be completed and approved or disapproved by appropriate officials of the sponsoring organization. The sponsoring organization shall send a copy of Form 319-U to the applicant notifying them of the status of the project, and maintain the original 319-U in the applicant's case file. If the application is approved, the sponsoring organization will require the development of a plan map of the project which shows the landowner's property lines, County, Section, Township, Range, Civil Twp., USGS Quad name, 14 Digit HUA #, and locations of the planned best management practices.

### **Section D**

This certifies that the best management practice(s) have been satisfactorily completed. This section shall be completed by a Technical Representative who is qualified to attest that the specifications used were applicable and were met. Submit the IDEM "BMP Load Reduction Estimating Workbook" calculations when applicable for the practices installed.

### **Section E**

This section shall be completed and approved by the appropriate officials of the sponsoring organization. An Invoice for payment should then be prepared and presented to the IDEM for payment. When the IDEM receives the Invoice from the sponsoring organization, payment will be forwarded to the organization. The sponsoring organization will then issue payment to the landowner/ user. This process will take approximately two months from submission of an Invoice for payment.

As individual practices are installed, Invoices may be submitted to the IDEM. At the submission of the Invoice for payment to IDEM, copies of the following items must be attached:

- 1) Completed Form 319-U.
- 2) Plan Map, showing location of all practices.
- 3) Copies of bills or receipts for each practice.
- 4) The IDEM "BMP Load Reduction Estimating Workbook", if applicable.